



TO: NH Medicaid Providers

FROM: Kathleen Dunn, RN, MPH - Associate Commissioner, Medicaid Director

RE: Regular Update #4: Provider Participation in the MCM Program

Background

NH Medicaid is undergoing a transition from the current fee-for-service model to a managed care model. This initiative is called Medicaid Care Management (MCM).

The Department of Health and Human Services (DHHS) has contracted with three managed care organizations (MCOs) to establish a Health Plan for Medicaid recipients.

On **December 1, 2013**, when the MCM program starts, most Medicaid recipients will be enrolled in a Health Plan. Medicaid services, with some exceptions, will be provided by the Health Plan's provider network. Once the MCM program starts, reimbursement to providers for services included in the Medicaid Care Management program will be paid by the member's MCO, not by DHHS. NH Medicaid Fee-for-Service (FFS) providers are highly encouraged to enroll in one or more MCO provider networks.

Impact of MCM Program on the NH Medicaid Providers

A Medicaid recipient's enrollment with a Health Plan, means:

- 1) Members receive care from the Health Plan provider networks. These networks are made up of providers who have contracted with the MCO.**
- 2) Coverage for Medicaid services is managed and paid by the Health Plan directly to the provider, with some exceptions as described in the section titled "Coverage Under Medicaid FFS."**

Please note: By federal law, NH's Medicaid Management Information System (MMIS) – The Health Enterprise is not permitted to pay a provider for services performed for a client enrolled as a Health Plan member.

The Medicaid recipients' Health Plan enrollment will dictate the provider's approach in obtaining service authorizations, submitting claims as well as the practice's compliance with administrative policies/processes, and the rate of reimbursement for services. Each Health Plan will have a provider manual and will offer trainings to inform contracted providers in their network about their business processes.

Health Plan Coverage

On the front end, Medicaid recipients will see no change in their coverage. While recipients will consider whether the Health Plan network meets their needs, they may find that a Health Plan can augment their standard Medicaid benefit with additional program offerings, like a wellness or prevention program and extra incentives. On the back end, it is important for providers to know what services the Health Plan covers, and which services will continue to be covered by NH Medicaid FFS.

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| Health Plan Coverage contd' | <p>Doctor's visits, inpatient/outpatient hospital visits, physical, speech and occupational therapy, prescriptions, durable medical equipment, wheelchair van services and behavioral health services including community mental health program services are a few of the services covered by the Health Plans.</p> <p>These services will be offered with the same service limits as prescribed by the NH Medicaid program</p> |
| Coverage Under Medicaid FFS | <p>NH Medicaid FFS program will be maintained in order to:</p> <ol style="list-style-type: none">1) Pay for dental services which are excluded from Health Plan coverage for members; and2) Provide coverage during the period of time between the Medicaid recipient's selection of a Health Plan and the first day of coverage (the first day of the first month following enrollment). <p>Additionally, for Voluntary recipients, who opt out of participation in the MCM program, their medical services will continue to be covered by NH Medicaid FFS. This means for this client, the provider's <u>service authorizations, claims submissions, rate of reimbursement and adherence to policies and procedures</u>, are to be managed in accordance with the Medicaid FFS model of administration.</p> <p>The Voluntary option for Medicaid recipients is limited to the first phase of the program. In approximately one year, long term care supports and services including waiver services and Division of Children, Youth and Families (DCYF) specialized services will be included in the MCM program offering of covered services.</p> |
| Reasons to Participate in the MCM Program | <p>Participation in the MCM program means that providers can continue to treat their Medicaid clients at predictable reimbursement rates.</p> <ol style="list-style-type: none">1) Providers can increase assurance of specific reimbursement rates for treating their Medicaid clients by contracting with one or more of the MCOs.2) Provider participation on the program will reduce the amount of disruption to the Medicaid recipient's treatment and to the providers panel <p>Providers electing to either limit enrollment to a single Health Plan or not to participate in the MCM program, may:</p> <ol style="list-style-type: none">1) See a decrease in appointments from Medicaid members and/or may not be eligible for expected reimbursement rates delivered to that member.2) Be considered an "out of network" provider, meaning the provider may need to negotiate service authorizations and payment for services provided for Health Plan members.3) Not receive any reimbursement for the service performed. |
| MCM Participating Provider | <p>Four important considerations for providers:</p> <ol style="list-style-type: none">1) Verification of the service coverage through FFS or a Health Plan is important to assess in order to effectively facilitate service authorizations, claims submissions, and etc.2) Remember reimbursement for services are dependent on a Health Plan and the contract the provider has with the MCO or if the service is covered through Medicaid FFS.3) It is important to continue to check the client's eligibility and as part of that process to assess whether the client is enrolled with a Health Plan and if coverage under a Health Plan has begun. |

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| MCM Participating Provider contd' | <p>For providers of long term care supports and services including waiver services, participation in the program is not required at this time. Please remember dental providers do not need to enroll at any time, as dental services will not be incorporated into the MCM program.</p> <p>If a Medicaid recipient presents at a provider's office, and the provider has not contracted with their Health Plan – and it is not an emergency- the client can be referred to their Health Plan's Primary Care Provider (PCP). If the client does not know his/her PCP, client can contact their Health Plan by using toll-free number on the back of their Health Plan card.</p> <p>This information is also available to providers through the MCM Contact and Resource Guide located on the MCM webpage under "Resources."</p> <p>As always, the Medicaid Client Services unit can assist clients and is available at 1-800-852-3345 x4344 (in-state calls only) or 603-271-4344.</p> |
| Upcoming Events | <p>DHHS is partnering with the University of New Hampshire to offer a series of MCM trainings.</p> <p>The first of the training sessions, titled "How to Assist Your Clients: Navigating MCM Open Enrollment" is scheduled to occur <u>twice before</u> MCM Open Enrollment and offered again approximately <u>one week after</u> MCM Open Enrollment begins.</p> <p>This training is scheduled for Wednesday, September 11, 2013 and Thursday September 12, 2013 from 9:30am to 11:30am at the Auditorium in the State Office Complex, Brown Building in Concord NH. The two additional trainings will be offered October 8 and 9.</p> <p>Training space is limited so please share this information with your front line staff and visit https://www.events.unh.edu/RegistrationForm.pm?event_id=15461 to make your reservation.</p> <p>On Tuesday, October 29, 2013 and again on Thursday, October 31, 2013 the training will focus on the variation of business processes. More information will be forthcoming, including information on how to reserve your in-person or webinar attendance.</p> |
| Medicaid Recipient Communications | <p>Information distributed to Medicaid recipients is available on the DHHS MCM webpage – just follow the MCM logo from the home page. DHHS is sharing key messages about the transition through social media mediums, Facebook and Twitter. If your client is looking for more information and uses social media, please direct them to find DHHS on Facebook at:</p> <p>www.facebook/DepartmentOfHealthAndHumanServices.com</p> <p>Or to follow us on Twitter at:</p> <p>@NHMedicaidCM</p> |
| Upcoming News | <p>The next Regular Update is scheduled to be released on September 9th.</p> <p>The next communication will focus on the MCM Open Enrollment Process.</p> |